



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 1025

Bib Data Sheet

SERIAL NUMBER 10/747,759	FILING DATE 12/29/2003  RULE	CLASS 056	GROUP ART UNIT 3671	ATTORNEY DOCKET NO. TS-1-gw						
<b>APPLICANTS</b>  Timothy Dale Steele, Fulton, MS;										
<b>** CONTINUING DATA *****</b> <div style="text-align: center;">- none - </div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;">- none - </div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/09/2004										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged            Examiner's Signature  Initials         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           STATE OR             COUNTRY            MS         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           SHEETS             DRAWING            19         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           TOTAL             CLAIMS            16         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           INDEPENDENT             CLAIMS            2         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature  Initials	STATE OR  COUNTRY MS	SHEETS  DRAWING 19	TOTAL  CLAIMS 16	INDEPENDENT  CLAIMS 2	
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature  Initials	STATE OR  COUNTRY MS	SHEETS  DRAWING 19	TOTAL  CLAIMS 16	INDEPENDENT  CLAIMS 2						
<b>ADDRESS</b> Michael I. Kroll 171 Stillwell Lane Syosset, NY 11791										
<b>TITLE</b> Leaf blower dispersing applicator										
FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										